

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Anthony E. BOLTON et al.

Title:

APOPTOTIC ENTITIES FOR USE

IN TREATMENT OF

**NEURODEGENERATIVE AND** 

OTHER NEUROLOGICAL

**DISORDERS** 

Appl. No.:

09/871,146

Filing Date: 5/25/2001

Examiner:

O. Chernyshev

Art Unit:

1646

## AMENDMENT TRANSMITTAL

Mail Stop Amendment · Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous [X]assertion of Small Entity status.
- Assertion of Small Entity status is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims				Extra			
	As		Previously		Claims			Additional
	Amended		Paid For		Present		Rate	Claims Fee
Total Claims:	14	-	31	=	0	X	\$50.00 =	\$0.00

Independent Claims:	4	-	5	=	0	Х	\$200.00	=	\$0.00
First	presentati	ion of an	y Multipl	e Depende	ent Claims:	+	\$360.00	=	\$0.00
					CLAIMS	FE	E TOTAL	=	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

	TOTAL FEE:	\$510.00
, [X	Small Entity Fees Apply (subtract ½ of above):	\$510.00
•	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$1,020.00
[	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): \$130.00	\$0.00
	EXTENSION FEE TOTAL:	\$1,020.00
[	Extension for response filed within the fifth month: \$2,160.00	\$0.00
[	Extension for response filed within the fourth month: \$1,590.00	\$0.00
[ X	Extension for response filed within the third month: \$1,020.00	\$1,020.00
[	] Extension for response file d within the second month: \$450.00	\$0.00
[	] Extension for response filed within the first month: \$120.00	\$0.00

- [ ] Please charge Deposit Account No. 50-0872 in the amount of \$510.00. A duplicate copy of this transmittal is enclosed.
- [X] A check in the amount of \$510.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such

extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 6-23-05

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Gerald F. Swiss

Attorney for Applicant

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